

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-376)							SERIAL NO. <i>280</i>	FILING DATE				
							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						61					
2		/					62					
3	/						63					
4		/					64					
5							65					
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40							100					
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46												
47												
48												
49												
50												
TOTAL	3						TOTAL					
TOTAL	6						TOTAL					
TOTAL	9						TOTAL					